

# Statewide Drug Policy Advisory Council



## Public Meeting Book

January 25, 2022  
8:30AM-12:30PM

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## Statewide Drug Policy Advisory Council (DPAC) Meeting

**January 25, 2022**  
**8:30 am to 12:30 pm**

Meeting details can be found at  
<http://floridahealth.gov/DPACMeeting>

### AGENDA

Time	Item	Topic	Topic Facilitator / Presenter
8:30 am–8:40 am	1	Welcome/Introductions/Opening Remarks	Melissa Jordan, MS, MPH State Surgeon General Designee Florida Department of Health
	2	Approval of Oct. 19, 2021, Meeting Minutes	DPAC
8:40 am–9:00 am	3	Improvements and Challenges to Background Screening and Exemption	Diane Harris, CPM Chief of Policy and Public Relations Florida Department of Children and Families
9:00 am–9:20 am	4	Baker and Marchman Act Update	Honorable Alvan Balent, Jr., General Magistrate 11 <sup>th</sup> Judicial Circuit Court of Florida
9:20 am–10:00 am	5	Access to Medication-Assisted Treatment and Prenatal Care for Women with Opioid Use Disorder in Florida	Jennifer Marshall, PhD, CPH University of South Florida
10:00 am–10:20 am	6	Overdose Data to Action (OD2A) County Update	Natalie Kenton, MBA OD2A Project Manager Florida Department of Health Palm Beach County
10:20 am–11:45 am	7	Agency and Member Updates	DPAC
11:45 am–12:15 pm	8	Public Comment	
12:15 pm–12:30 pm	9	Next Steps and Future Meeting Date Motion to Adjourn	Melissa Jordan, MS, MPH State Surgeon General Designee Florida Department of Health

# Statewide Drug Policy Advisory Council Meeting Minutes

October 19, 2021  
8:30a.m. – 12:30p.m.

## Microsoft Teams Meeting

<http://floridahealth.gov/DPACMeeting>

Dial-in Number: 850-792-1375

Phone Conference ID: 903 919 160#

## Welcome/Introductions

Nathan Dunn, MSA, State Surgeon General Designee, opened the Statewide Drug Policy Advisory Council (Council) meeting. Nathan thanked all members of the Council, designated appointees, and other participants for their continued partnership in this critical work and reminded attendees that the meeting goal will be to finalize the 2021 Annual Report and confirm Council recommendations. Nathan asked that Lori Reeves, MPH, Staff Liaison, proceed with roll call.

## The following members or designees were in attendance:

Nathan Dunn, MSA, State Surgeon General Designee  
Maggie Agerton for Mark Inch (Department of Corrections)  
Lt. Jason Britt for COL Gene Spaulding (Department of Highway Safety and Motor Vehicles)  
Jeffery Cece, MS, CPM, for Shevaun Harris (Department of Children and Families)  
Allen Craig for Major General James O. Eifert (Department of Military Affairs)  
Major Nathan Dinger for COL John Steele (Department of Military Affairs)  
Mark P. Fontaine (Governor Appointee: Substance Abuse Treatment, Florida Behavioral Health Association)  
Timothy Hay for Richard Corcoran (Department of Education)  
Robert Heere for Senator Darryl Rouson (Florida Senate)  
Rachel Kamoutsas for Ashley Moody (Office of the Attorney General)  
Lauren Lange for Chris Spencer (Governor's Office of Policy and Budget)  
Judge Steve Leifman (11th Judicial Circuit Court of Florida)  
Doug Leonardo (Governor Appointee: Expertise in Drug Enforcement and Substance Abuse Services - Chrysalis Health)  
Ramon Maury for Peggy Sapp (Governor Appointee: Substance Abuse Prevention - Informed Families)  
John McClellan for Rick Swearingen (Florida Department of Law Enforcement)  
Tracy Shelby, PhD, for Josefina M. Tamayo (Department of Juvenile Justice)  
Anastasia Tyson for Representative Spencer Roach (Florida House of Representatives )  
Roaya Tyson (Governor Appointee: Expertise in Drug Enforcement and Substance Abuse Services - Gracepoint)

## Guests and Staff:

Avalon Adams-Thames, DrPH, MPH (Department of Health)  
Mohammad Alak, MPH (Department of Health)  
Brittany Blasko (Department of Health)  
Joshua Barnett, PhD, MHS, MA (Pinellas County Human Services Department)  
Kerri Bryan (Department of Health)  
Jennifer Drake (Department of Health)  
Kelli Ferrell, RPh, PhD (Department of Health)  
Jesseka Forbes (Agency for Health Care Administration)  
Aaron Gerson (Office of the State Courts Administrator)

Olga Goldman, MPH, CPH (Department of Health)  
Jared Jashinsky, PhD (Department of Health)  
Melissa Jordan, MS, MPH (Department of Health)  
Adrian Kinkead, MPH (Department of Health)  
Desiral Lovely, Member of the Public  
Mark Pagnotto, MPH, CPH (Department of Health)  
Kristin Peacock (Department of Health)  
Rebecca Poston, BPharm, MHL, FCCM (Department of Health)  
Concha Prieto, MPH (Department of Health)  
Lori Reeves, MPH, Staff Liaison (Department of Health)  
Parnia Roghani, MPH, CPH (Department of Health)  
Jianca Reid, MPH, CPH (Department of Health)  
Keshia Reid, PhD (Department of Health)  
Vanessa Salmo, MPH (Department of Health)  
Michelle Slawinski, MPH, CPH (Department of Health)  
Stuart Waldo (Department of Health)  
Karen Yatchum (Pinellas County Human Services)

### **Opening Remarks**

Nathan Dunn gave an overview of the meeting agenda, including the presentations that would follow.

### **Business**

#### **1. Review and Approval of Meeting Minutes from July 20, 2021:**

A motion was entered to approve the meeting minutes. Motion carried, all in favor. Minutes were approved with no opposition.

#### **2. Presentations:**

- a. **Florida Substance Use Dashboard** – Jianca Reid, MPH, CPH, Manager, FLHealthCHARTS Unit, Florida Department of Health  
Jianca Reid provided an overview and digital tour of the enhanced public facing Florida Substance Use Dashboard. Improvements to the dashboard have produced a more interactive dashboard, with expanded indicators, increased graphics, and data that can be exported to a PDF or an Excel spreadsheet. Dashboard is in final review with the Office of Communications and scheduled to be live in November 2021.
- b. **Overdose Fatality Reviews** – Joshua T. Barnett, PhD, MHS, MA, Behavioral Health Data Scientist and Project Director for Pinellas County Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant with the United States Department of Justice, Bureau of Justice Assistance Human Services Department  
Dr. Barnett provided a PowerPoint presentation overview on COSSAP's Overdose Fatality Reviews (OFR) framework and the rationale for an OFR. Additional information is available at [www.cossapresources.org](http://www.cossapresources.org).

#### **3. Discussion of 2021 Annual Report:**

Nathan Dunn addressed the Council to review the draft 2021 Annual Report and progress to date on recommendations. Council members were provided an advance copy of the draft for review to provide any additional recommendations prior to the report routing and submission to the Governor. The content of the Annual Report is a compilation of information from the members of the Council.

Selected recommendations were addressed, and discussion followed.

Prior to the discussion on completed recommendations, Judge Steve Leifman updated that the Federal Communications Commission has designated 988 as the new three-digit number for the National Suicide Prevention Lifeline and several states have passed legislation to support rollout of the program. Judge Steve Leifman recommended the need to implement the 988 Prevention Lifeline in Florida as additional support services for suicide prevention and mental health distress.

Judge Steve Leifman additionally recommended allowing trained medical personnel under appropriate guidelines and regulations to pilot the use of micro-dosing of psychedelic medications for the use in combating post-traumatic stress disorder, depression, and other appropriate disorders. Outcome data are needed, and the Council asked to have additional information on this topic presented at a future meeting.

### **Discussion on Completed Recommendations**

Mark Fontaine stated that the Governor vetoed legislation and a comprehensive e-cigarette prevention strategy in Florida, therefore, 2020 Recommendation #5 may not be complete. Major Nathan Dinger clarified that in spite of the veto, the recommendation is still considered complete due to the two nicotine bills that merged into a blended bill addressing nicotine, including e-cigarettes or vaping, and tobacco, which fulfills the goals of the recommendation.

The Council agreed that 2020 Recommendation #6 addressing Screening, Brief Intervention, and Referral to Treatment (SBIRT), 2020 Recommendation #18 to create a statewide dashboard of substance abuse data, and 2020 Recommendation #19 encouraging utilization of the ODMAP system, should be marked as completed and removed from the 2021 list of recommendations.

### **Discussion of 2021 Recommendations**

Nathan Dunn requested Council member input for the 2021 Recommendations and to provide any suggestions or comments as recommendations were reviewed. A draft of the 2021 Recommendations was shared during discussion.

### **Recommendation #1**

Council had no recommended changes.

### **Recommendation #2**

Mark Fontaine suggested updating the recommendation to specify expanding coverage of telehealth services. Lori Reeves noted that due to the pandemic the Agency for Health Care Administration (AHCA) adopted temporary flexibilities to ensure continued access to care. Jessika Forbes, AHCA representative, will confirm with the agency on future plans for telehealth services and provide a clarification to the Council to be incorporated into the recommendation.

### **Recommendation #3**

Mark Fontaine stated that workforce issues are among the most serious issues in the state currently affecting the industry supporting people with behavioral, mental, and substance use issues. Recommends updating the 2021 Annual Report to include data from the National Council for Mental Wellbeing's report. The report's data provide more advanced ideas to include in the Council's discussions for 2022. Mark Fontaine will provide the Council with a copy of the report.

### **Recommendations #4 and #5**

Mark Fontaine stated the need to clearly define a difference between Recommendations #4 and #5.

Major Nathan Dinger noted that the Department of Education has annual requirements to meet in order to achieve their health education substance abuse goals. Major Nathan Dinger clarified that Recommendation #4 is to focus on an educational campaign and partners that would support the campaign, while Recommendation #5 is to focus on evidence-based programs for mental and emotional health in educational settings.

Mark Fontaine recommended adding a reference around the drug awareness campaign.

**Recommendation #6**

Council had no recommended changes.

**Recommendations #7, #8 and #9**

Council had no recommended changes.

**Recommendation #10**

Lori Reeves updated the Council on feedback from AHCA that was added to this recommendation stating that Medicaid covers naloxone at the pharmacy and on the medical side without prior authorization. Jessika Forbes suggested additional language stating that naloxone is a preferred drug and no prior authorization is required.

**Recommendation #11**

Mark Fontaine suggested that the 2021 Annual Report be updated under Recommendation #11 to identify Florida counties that have passed a syringe exchange ordinance for clarity.

**Recommendation #12**

Council had no recommended changes.

**Recommendation #13**

Mark Fontaine suggested the addition of the specific number of physicians who completed the required survey when they renewed their license highlighting the number of Florida physicians certified in addiction medicine. Mark Fontaine stated the importance identifying the number in the 2021 Annual Report to emphasize the need to do more work to reach more physicians.

**Recommendation #14**

Council had no recommended changes.

**Recommendation #15**

Council requested the addition of language that addresses federal changes to the buprenorphine waiver rules that enable physicians to become qualified to prescribe buprenorphine for up to 30 patients without completion of the education requirements.

Jeff Cece noted that the State Opioid Response (SOR) grant funds continue to require that entities receiving funding must complete the full waiver process.

Jessika Forbes updated that AHCA made changes in the availability of medication-assisted treatment (MAT) that activated in July of 2021 and requested removal of the paragraph on prior authorization.

**Recommendation #16**

Jessika Forbes noted that the 2021 Annual Report needed updating to reflect 4.9 million Medicaid recipients for the fiscal year 2020/2021 and a budget of \$26 billion.

**Recommendation #17**

Council had no recommended changes.

**Recommendation #18**

Mark Fontaine suggested a future update from agencies on the background screening process be added to a 2022 meeting.

Jessika Forbes requested removing the Medicaid managed care plans due to different screening requirements for Medicaid managed care plans than there are for private payers.

### **Recommendation #19**

Judge Steve Leifman stated that the language within Recommendation #19 is predominantly addressing the Baker Act, but the language is essentially the same for the Marchman Act. Florida currently does not collect data for the Marchman Act, similar to the Baker Act, and Council recommends incorporating into the language for this recommendation.

### **Recommendation #20**

Major Nathan Dinger suggested the addition of a recommendation to encourage Florida legislators to draft policy to support the implementation of the 988 Prevention Lifeline. The National Suicide Prevention Lifeline is in operation, providing suicide prevention and mental health crisis assistance to those in need. The National Suicide Hotline Designation Act became law in 2020 and defines that a state may impose and collect a fee for providing 988 related services, but notes that fees must be held in a designated account to be spent only in support of 988 services, and the Federal Communications Commission must provide an annual report on state administration of these fees. The rules require phone service providers to direct all 988 calls to the existing National Suicide Prevention Lifeline by July of 2022. The new number is intended to provide an alternative to 911 or the current 10-digit national suicide hotline and assist in reducing stigma associated with mental health.

### **Approval of Content for 2021 Annual Report**

Nathan Dunn called for a motion to approve the 2021 Annual Report with the incorporation of changes and updates discussed during the meeting. Judge Steve Leifman provided the first move to approve. Mark Fontaine seconded the motion. The 2021 Annual Report was approved with no opposition.

## **4. Agency and Member Updates:**

### **Rachel Kamoutsas, Office of the Attorney General**

The Office of Statewide Prosecution continues enforcement efforts related to drug trafficking prosecutions. The Office of the Attorney General recently secured a 25-year sentence and a 50-year sentence for two opioid traffickers. The 50-year sentence was imposed on the head of a trafficking organization. The Attorney General remains vigilant and concerned with respect to the increasing presence of fentanyl in the state of Florida and its counties. Attorney General Ashley Moody continues efforts to raise awareness about the spike in fentanyl. A recent media release was issued on a large fentanyl seizure conducted by the United States Drug Enforcement Administration that reflected 1.8 million fentanyl-laced pills seized in a two-month nationwide sting.

The Office of the Attorney General launched a Florida Opioid Settlement Portal to be a resource to counties, municipalities, and the public about the opioid settlements and participation in the settlements. More information can be viewed at [www.myfloridalegal.com](http://www.myfloridalegal.com).

### **John McClellan, Florida Department of Law Enforcement**

The Florida Department of Law Enforcement (FDLE) has ended their 20-member deployment of primarily special agents but included criminal analysts, to the southeast Texas/Mexico border. FDLE completed a total of four deployment waves. All FDLE agents have returned to Florida. FDLE continues to utilize data from their statistics unit viewing the fentanyl-related arrests over the past couple of years and basing it off the fingerprint system. FDLE's statistics unit has noted an increase in fentanyl-related arrests. John McClellan confirmed for 2019, approximately 800 fentanyl-related arrests were made; for 2020, approximately 1,202 fentanyl-related arrests were made; and for January through August of 2021, approximately 1,597 fentanyl-related arrests were made throughout the state of Florida. FDLE will continue to monitor and work with state and local partners on prevention.



### **Jeffrey Cece, Department of Children and Families**

On September 1, the Department of Children and Families (DCF) submitted their fiscal year 2022-2023 combined application plan for the Substance Abuse Prevention and Treatment (SAPT) block grant. The application is in support of Florida's annual SAPT block grant award of approximately \$111.3 million. Portions of the application describe key system gaps and objectives to address them in the state of Florida.

DCF recently released the first round of COVID Relief Act supplemental funding to the managing entities through the SAPT block grant for the fiscal year 2021-2022 schedule of funds. Details regarding plans for the second round of supplemental funding in future fiscal years from the American Rescue Plan Act are still being confirmed and reviewed by Substance Abuse and Mental Health Services Administration (SAMHSA) officials.

Plans for the use of supplemental funds are as follows:

- DCF will focus on developing systematic and innovative ways to support prevention and integration goals, which entails providing seamless and readily accessible behavioral health services and supports upstream, before families need deeper end services or experience crises, unemployment, or dysfunction.
- Funds will be set aside specifically for primary prevention services that prevent or reduce the use of alcohol and other drugs among universal, selective, and indicated populations. Various primary prevention strategies include, but are not limited to: information dissemination (specifically clearinghouse/information resource centers, resource directories, information lines, and health promotion), educational programs, problem identification and referral, community-based processes, drug-free alternative activities, and environmental strategies. Funds will also be used for evidence-based substance use and suicide prevention campaigns.
- Each of the seven regional DCF managing entities will receive an allocation, in accordance with [Chapter 394.9082](#), Florida Statutes, to fund a comprehensive array of treatment and recovery support services for uninsured and underinsured individuals with substance use disorders. Funds will be used to address system top unmet needs and gaps, which will be identified in a variety of different ways (e.g., analyses of waitlist records, service utilization data, surveys, and focus groups). These supplemental funds represent a rare opportunity to clear waitlists for a variety of evidence-based treatment services.

### **Maggie Agerton, Department of Corrections**

The Department of Corrections is preparing for legislative session and fielding questions for the committee weeks. The Department of Corrections had no additional updates for the Council.

### **Tracy Shelby, Department of Juvenile Justice**

The Department of Juvenile Justice had no additional updates for the Council.

### **Timothy Hay, Florida Department of Education**

The State Board of Education has adopted new student performance standards aimed to ensure that all students have the skills and knowledge necessary to confidently make positive decisions for their education, personal growth and health, coupled with character education standards. The Substance Abuse Prevention Standards (SAPS) set clear expectations for students and teachers that are specific to overall student development and success. SAPS will give students an opportunity to develop awareness on the dangers associated with the use and abuse of harmful substances. To support educators, the Florida Department of Education (DOE) is building an online toolkit to provide instructional resources at no cost to Florida educators, students, and support services staff.

SAPS will be complemented by new initiatives, including Hope Ambassadors advocating for Florida's families and students. Governor and First Lady DeSantis launched the program with the goal of creating



clubs for student and peer-to-peer mentorship opportunities. In the pilot year of 2020 and the 2021 school year, 25 schools started Hope Ambassador Clubs with more than 300 student participants and an additional 100 schools will be eligible for \$500 grants to develop and launch their Hope Ambassador Clubs for the 2021 and 2022 school years. These clubs were designed to foster kindness and compassion in school environments promoting healthy drug-free lifestyles among students. DOE continues to support the implementation of mental health and student support services provided to 18 rural Florida school districts through the Governor's emergency education relief funds, which was part of a \$2 million grant for expanded student telehealth services. Additional student support services and programs include the Youth Mental Health Awareness Training Plan and this year nearly 200,000 staff completed training which included learning to identify, understand and address the signs of emotional disturbance, mental illness and substance use disorders. These evidence-based initiatives and investments into mental health substance abuse deterrence and student support services will mitigate the likelihood for students to experience substance abuse. DOE is thankful to state agency partners at the Agency for Health Care Administration, DCF and the Florida Department of Health for continued support and collaboration.

#### **Lt. Jason Britt, Department of Highway Safety and Motor Vehicles**

The Florida Department of Highway Safety and Motor Vehicles continued to work with the Florida Highway Patrol over the past three months. The Florida Highway Patrol deployed troopers to areas of the United States/Mexico border to assist and support the Texas Department of Public Safety with drug interdiction efforts in collaboration with FDLE. Troopers were deployed for two-week periods to assist with the largest occurring interdiction effort in the summer of 2021. The Florida Department of Highway Safety and Motor Vehicles joined after Hurricane Ida made landfall in Louisiana and provided troopers for two weeks to assist the residents. The Florida Department of Highway Safety and Motor Vehicles continues to assist Louisiana and other first responders to help and support community efforts.

#### **Major Nathan Dinger, Department of Military Affairs**

Major Nathan Dinger reminded the Council that October is Red Ribbon month. Red Ribbon month is the largest prevention month within the school systems for young people across the state and the country. The United States Drug Enforcement Administration will host the National Prescription Drug Take Back Day on October 23, 2021. Any prescription medications can be safely disposed of at collection sites statewide. The Department of Military Affairs is available to organize prevention-focused presentations for Council members and their agencies. The night vision presentation covers five gateway drugs and is a 45-minute session. Presentations are not solely for school events and are available for all community groups.

Additionally, the Department of Military Affairs thanks the Council and all the efforts put forth this year. The Council's willingness to work together will make a difference.

#### **Robert Heere for Senator Darryl Rouson (Florida Senate)**

Senator Darryl Rouson has again filed the bill titled Mental Health and Substance Use Disorders, Senate Bill 282, commonly referred to as the Peer Specialist Bill. The bill addresses industry issues with certification for peers in recovery, which is referenced in Recommendation #18 of the Council's Annual Report. Senator Rouson was appointed to the Commission on Mental Health and Substance Abuse, which is part of the package that was approved by the Florida legislature last year. The Commission met for the first time in September and the second meeting is scheduled for October 20, 2021. The 19-member Commission will be drafting an interim report to release by September of 2022, with a final report released by September of 2023. The Commission is overseen by DCF.

#### **Judge Steve Leifman, 11th Judicial Circuit Court of Florida**

Judge Steve Leifman emphasized the success with micro-dosing by using psychedelics for post-traumatic stress disorder and depression. Judge Steve Leifman noted reports on the amazing successes patients have received from these treatment therapies, and the extensive training program that is underway. Experts from around the country have made presentations and there are discussions on expanding to

prosecutors and defense attorneys. Judge Steve Leifman updated that a new website has been established for judges to be able to access information more quickly.

**Mark Fontaine, Florida Behavioral Health Association**

Workforce improvement remains a major priority of the Florida Behavioral Health Association. The association is continuing efforts on revising background screening limitations and eliminating administrative barriers to care. The Florida Behavioral Health Association was awarded a United States Department of Labor grant to develop an apprenticeship program designed to recruit and retain behavioral health staff. The initial apprentice will be for a behavioral health technician position with other positions to follow. A Learning Collaborative has been formed for the 15 Certified Community Behavioral Health Clinic grant awardees in Florida.

The association recently commenced working with the Department of Corrections to provide training to all Department of Corrections probation officers on addiction and medication-assisted treatment.

**Ramon Maury, Informed Families**

After 40 years of partnering with schools, as well as state agencies, Informed Families has improved services with a back-to-school digital resource being deployed in Miami-Dade County Public Schools. Along with the Red Ribbon campaign, Informed Families is providing free expert leadership for professional learning and classroom resources. Informed Families is also providing digital lessons and easy access by using digital phones, which is a primary platform for middle school and high school students to receive information. A topic of focus is teen vaping, prevention, and tools to quit. Informed Families is continuing to support students with mental health needs with expanded prevention and education programs

**Roaya Tyson, Gracepoint**

Roaya Tyson updated on the recent implementation of primary care within Gracepoint's behavioral health program. Changes confirm that services are fully integrated rather than just co-located and enables Gracepoint to start addressing the physical health issues that come along with substance use disorders.

**Jessika Forbes, Agency for Health Care Administration**

The Agency for Health Care Administration had no additional updates for the Council.

**Lauren Lange, Governor's Office of Policy and Budget**

The Governor's Office of Policy and Budget had no additional updates for the Council.

**5. Public Comments/Open Discussion:**

No public comments received.

Council meetings for 2022 will be held on January 25, April 19, July 19, and October 11.

**6. Adjournment:**

Motion was entered to adjourn. Motion carried with no opposition. Meeting was adjourned at 12:30p.m.



# BACKGROUND SCREENING AND CRIMINAL HISTORY CHECKS

PEER SPECIALISTS

# Who Must Be Screened?

- The Department conducts background screening for many programs including:
  - Child Care Facilities and Family Day Care Homes
  - Religious Exempt Child Care Facilities
  - Foster Homes or Placement and Adoptive Homes
  - Mental Health Facilities
  - Substance Abuse Facilities
  - Facilities for the Developmentally Disabled
  - Summer Camps
  - Afterschool or Enrichment Programs



# Substance Abuse Programs – Who must be screened?

- Owners
- Directors
- Chief Financial Officers
- Clinical Supervisors
- Personnel who have direct contact with children receiving services or with adults who are developmentally disabled
- Volunteers that work 40 or more hours each month



# Recent Changes to Background Screening Requirements for Substance Abuse Programs

- The Department can grant exemptions limited to work solely in substance abuse programs or facilities that treat co-occurring disorders
- Peer Specialists were defined and granted exemptions in certain circumstances
- Background Screening criteria for substance abuse programs were aligned with mental health programs





# Peer Specialists

- Certified Peer Specialists seeking employment certification as a Peer Specialist in substance abuse treatment programs shall be exempted if:
  - The applicant's background indicates crimes listed in statute and
  - Three years or more have elapsed since the applicant has been released from court ordered sanctions, for example confinement, probation, community service from the last disqualifying offense And
  - The applicant has not been arrested for any offense in the past three years



# Types of Offenses That are not disqualifying for peer specialists for substance abuse programs

- Certain Drug Offenses
- Prostitution
- Forgery
- Grand Theft
- Burglary
- Uttering Forged Instruments
- Attempt, Conspiracy, and Solicitation of a disqualifying offense



# Peer Specialists

- The department tracks the number of self-identified peer specialists requiring an exemption from disqualification
- There have been 19 that identified as seeking employment or certification as a peer specialist
- Changes to background screening systems are being implemented to more accurately track all peer specialists
- This exemption only applies to persons seeking employment in substance abuse only programs



# Questions?

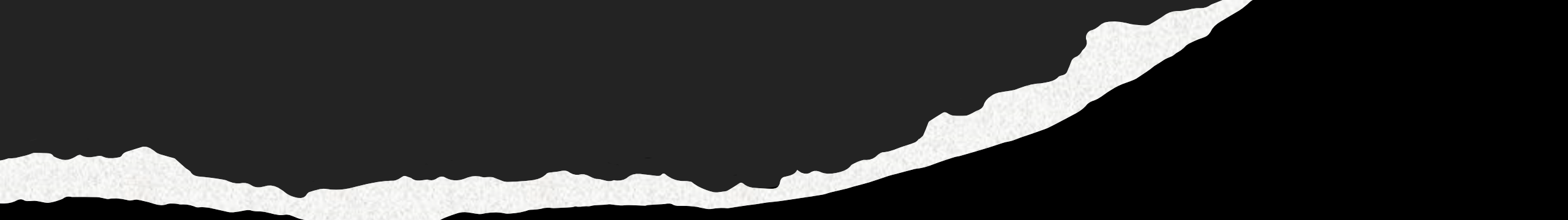
**For More Information:**

**[www.dcfbackgroundscreening.com](http://www.dcfbackgroundscreening.com)**

**Helpdesk**

**1-888-352-2849**





HB 1143 (Maney)/SB 1844 (Bean)  
Modernizing the Baker &  
Marchman Acts

- First comprehensive reform of Florida's civil commitment system for mental health and substance abuse treatment since Baker/Marchman Acts enacted
- Passed in 1971 but effective in 1972, 2022 is 50<sup>th</sup> Anniversary of the Baker Act; Current Marchman Act from 1993
- Overarching Goal: 1970 Warehousing to Treatment Model
  - Reflect case law and scientific developments; other state law
  - Conserve state resources - Care is more efficiently provided
  - Protect individual liberty



- Current Baker Act
  - Assessment
    - Initiate 3 Ways
    - Reasonable Basis & Criteria
    - 72 Hours
  - Treatment
    - Heard w/in 5 days (up to 30-day continuance) @ facility
    - State Attorney/Public Defender
    - Same criteria, but clear & convincing evidentiary standard
    - 90 Days Receiving Facility/Outpatient or 6-month State Hospital
    - No Continuing Jurisdiction

- Current Marchman Act
  - Assessment
    - Adult w/Personal Knowledge
    - Reasonable Basis & Criteria
    - Ex Parte (Emergency) or heard w/in 10 days; Regional Counsel Appt
    - Valid for 7 days unless specified otherwise
    - Up to 5-day hold, extension possible
  - Treatment
    - Adult w/Personal Knowledge
    - Heard w/in 5 days. Regional Counsel Appt
    - Same criteria, but clear & convincing evidentiary standard
    - 90 Days outpatient/residential treatment
    - Continuing Jurisdiction

# HB 1143 / SB 1844 – Long Bill, not many changes

- Baker Reforms

- Hospital review communication restrictions every 72 hours or next business day if holiday/weekend, rather than 7 days
  - Amended HB 1277 / SB 1262 – 3 Days
- Permits DCF to establish rules on post-discharge care continuum
  - Necessary to reduce immediate hospital readmission
- Creates penalty to Baker Act someone on known false information
  - 1<sup>st</sup> Degree Misdemeanor; Same w/current Marchman Act

- Baker Reforms Cont.
  - Grants State Attorney limited record access & continuance
    - Streamline Baker Act adjudication
  - Enables witnesses to appear remotely unless good cause
    - Recognizes tele-psychiatry effectiveness; improves safety
    - Increase system efficiency (Ex. Save doctor to/from court travel)

- Baker Reforms Cont.
  - Grants law enforcement same discretion as courts/med profs in initiating Baker Act examinations
  - Law enforcement to use least restrictive means of appropriate restraint when transporting individuals (esp. minors) to hospital
    - Intended to reduce examination numbers (esp. schools, developmental disabilities) and lessen trauma
- Many of these Baker Reforms made to Marchman Act
  - Laws should mirror as much as possible
  - Mental illness/addiction overlap

- Marchman Reforms

- Updates definition of “substance abuse impaired” to include prescription drug abuse & substance abuse disorders
  - Better address opioid epidemic
- Requires DCF to create annual report as it does for Baker Act
  - Better data collection helpful for future reforms
- Judicial authority to use drug court best practices (Ex. Testing)
  - Techniques 60% more effective at treating addiction – reduce recidivism



- Marchman Reforms Cont.
  - Corrects statutory language
  - Unless petitioner retains private counsel, State Attorney
    - Conditioned on funding
    - Petitioner misuse/confusion
  - Eliminates dual assessment/treatment petition process
- HB 1157 / SB 1846 – Strengthens public record exemptions
  - HB 7011 / SB 7008 – Related bills (Effective dates/time difference)

- HB 1143 / SB 1844 AMENDMENTS

- Incorporate Amended HB 1277 (Massullo) / SB 1262 (Burgess)

- Electric databases

- Discharge during weekend

- Must certify that cannot adequately discharge plan per 394.468 and do not intend to file involuntary placement petition

- But need time to see how patient responds to psych meds & staffing on weekends/holidays

- **HB 1143 / SB 1844 AMENDMENTS**

- **Juvenile Voluntariness – s.394.4625(1)(a), (4)**

- **Current law – court hearing but vague**

- **Not followed, major loophole, disruptive/traumatic to minor**

- **HB 1179 (Chaney) / SB 1560 (Bean)**

- **No hearing; parental express/informed consent; mental illness; suitable for treatment**

- **HB 1143 – Clinical review & closes loophole**

- **SB 828 (2021) – Public Defender review**

- **FLSC Taskforce Proposal; FBHA objection**

- **Compromise Language – See Exhibit 1 (Modified HB 1143)**

- **HB 1143 / SB 1844 AMENDMENTS**

- **Outpatient Reform – s. 394.4655**

- **Current law – complicated & underutilized**

- **Nine statutory factors; detailed plan requirements**
- **No continuing jurisdiction**

- **See Exhibit 2 (SB 828 (2021))**

- **Combines in/outpatient petition process; plan left to providers**
  - **One court hearing or outpatient portion before patient discharge**
- **Continuing jurisdiction to enforce/modify**
- **Addresses revolving door/no post-discharge care criticisms**
- **Greater liberty & cost savings**

- HB 1143 / SB 1844 AMENDMENTS

- Defining Self-Neglect Criteria

- Separate from dangerous criteria reform; Craig v. State, 804 So. 2d 532 (Fla. 3d DCA 2002)
  - Re: property damage - Not in HB 1143 / SB 1844
- Current law – no definition; inconsistent judicial application
- See Exhibit 3 (SB 828 (2021) w/modifications from Public Defender)
  - Legislative guidance to assist courts with outpatient reforms
  - Only small segment of individuals w/mental illness dangerous
  - Florida practice but Wisconsin, Kansas, Arizona, Minnesota language
  - Focus on individuals unable to care for basic needs

## Exhibit 1 – Juvenile Voluntariness Reform

Compromise Language (Modified HB 1143 Language)

HB 1143 - Amends Section 5, Lines 413 to 437

SB 1844 – Need to add to bill (New section 5)

HB 1179 (Chaney) / SB 1560 (Bean) – moot/amend?

394.4625 Voluntary admissions.—

(1) AUTHORITY TO RECEIVE PATIENTS.—

(a) A facility may receive for observation, diagnosis, or treatment any person 18 years of age or older ~~applying making application~~ by express and informed consent for admission or any person age 17 or under for whom such application is made by his or her parent or legal guardian. If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, such person 18 years of age or older may be admitted to the facility. A person age 17 or under may be admitted only after a clinical review hearing to verify the voluntariness of the minor's assent ~~consent~~.

4) TRANSFER TO VOLUNTARY STATUS.—An involuntary patient who applies to be transferred to voluntary status shall be transferred to voluntary status immediately, unless the patient has been charged with a crime, or has been involuntarily placed for treatment by a court pursuant to s. 394.467 and continues to meet the criteria for involuntary placement. When transfer to voluntary status occurs, notice shall be given as provided in s. 394.4599, and if the patient is a minor, the minor's assent to voluntary care must be verified through the procedures of subparagraph (1)(a).

## **Exhibit 2 – Baker Outpatient Reform (SB 828 (2021) Language)**

HB 1143 – Need to add to bill (New Section 7)

SB 1844 – Replaces Section 6 (Lines 565 to 578)

Will also require some other bill language to be modified to reflect in/outpatient merger.

394.4655 Involuntary outpatient services.—

(Substantial rewording of section. See s. 394.4655, F.S., for present text.)

(1)(a) The court may order a respondent into outpatient treatment for up to 6 months if, during the initial hearing under s. 394.467 or a subsequent hearing before a respondent's anticipated discharge from inpatient placement, at the request of the facility, and providing at least one week's notice of its belief that the patient would benefit from involuntary outpatient services, it is established that the respondent meets involuntary placement criteria and:

1. The respondent has been jailed or incarcerated, has been involuntarily admitted to a receiving or treatment facility as defined in s. 394.455, or has received mental health services in a forensic or correctional facility at least twice during the last 36 months;
2. The outpatient treatment is provided in the county in which the respondent resides or, if being placed from a state treatment facility, will reside; and
3. The respondent's treating physician certifies, within a reasonable degree of medical probability, that the respondent:
  - a. Can be appropriately treated on an outpatient basis; and
  - b. Can follow a prescribed treatment plan.

(b) For the duration of his or her treatment, the respondent must be supported by a social worker or case manager of the outpatient provider, or a willing, able, and responsible individual appointed by the court who must inform the court, state attorney, and public defender of any failure by the respondent to comply with his or her outpatient program.

(2) The court shall retain jurisdiction over the case and parties for the entry of such further orders after a hearing as the circumstances may require. Such jurisdiction includes, but is not limited to, ordering inpatient treatment to stabilize a respondent who decompensates during his or her up to 6-month period of court-ordered treatment and meets the commitment criteria of s. 394.467.

(3) A criminal county court exercising its original jurisdiction in a misdemeanor case under s. 34.01 may order a person who meets the commitment criteria into involuntary outpatient services. Jail may not be used to sanction noncompliance with the outpatient treatment plan, but the court may order the individual evaluated for possible inpatient placement if there are multiple instances of noncompliance.

### Exhibit 3 – Self-Neglect Criteria Definition (Modified SB 828 (2021) Language)

HB 1143 – Add to Sections 1 & 12

SB 1844 – Add to Sections 1 & 12

Must define in Baker & Marchman Acts; Highlights = Public Defender recommendations

(29) “Neglect or refuse to care for himself or herself” includes, but is not limited to, evidence that a person:

(a) Is, for a reason other than indigence, unable to satisfy basic needs for nourishment, clothing, medical care, shelter, or safety, thereby creating a substantial probability of imminent death, serious physical debilitation, or disease; or

(b) Is substantially unable to make an informed treatment choice, after an explanation of the advantages, disadvantages, and alternatives to treatment, and needs care or treatment to prevent deterioration. However, none of the following constitutes a refusal to accept treatment:

1. A willingness to take medication appropriate for the person’s condition, but a reasonable disagreement about type or dosage;
2. A good faith effort to follow a reasonable treatment plan;
3. An inability to obtain access to appropriate treatment because of inadequate health care coverage or an insurer’s refusal or delay in providing coverage for treatment; or
4. An inability to obtain access to needed services because the provider will only accept patients who are under court order or because the provider gives persons under court order a priority over voluntary patients in obtaining treatment and services.

(38) “Real and present threat of substantial harm” includes, but is not limited to, evidence of a substantial probability that the untreated person will:

(a) Lack, refuse, or not receive services for health and safety which are actually available in the community; or

(b) Suffer severe mental, emotional, or physical harm that will result in the loss of his or her ability to function in the community or the loss of cognitive or volitional control over thoughts or actions.



# Access to Care in Florida for Pregnant Women with Opioid Use Disorder

Dr. Jennifer Marshall, Associate Professor  
University of South Florida, College of Public Health  
Presentation to the Statewide Drug Policy Advisory Council  
January 25, 2022



**USF Health**  
UNIVERSITY of SOUTH FLORIDA

# Acknowledgments

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- And others...

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- Florida Department of Health (FDOH)
- Overdose Data to Action (OD2A)
- Florida Department of Children and Families (DCF)
- Agency for Health Care Administration (AHCA)
- The Florida Perinatal Quality Collaborative (FPQC)

# Treatment for Opioid Use Disorder

The American College of Obstetricians and Gynecologists **highly** recommends medication-assisted treatments (MAT) as therapy for opioid maintenance in pregnant women. MAT follows a “whole patient” approach, combining medication and behavioral counseling as a treatment plan.

Common medications provided to pregnant women are:

- Methadone
- Buprenorphine (Suboxone®, Subutex®)

NDC 12496-1212-3

30 pouches each containing  
1 sublingual film

**Suboxone**  
(buprenorphine and naloxone)  
12 mg/3 mg

Rx only

Children who accidentally take this medicine should be taken out of the house and need emergency medical attention.

# Background

In 2020, Dr. Stephen Patrick and colleagues examined the associations of pregnancy and insurance status with treatment access for Opioid Use Disorder<sup>1</sup>.

Results of that nationwide study:

1. All women have barriers to access treatment.
2. Pregnant women have lower access to treatment compared to non-pregnant women.
3. Physicians often did not accept insurance requiring out-of-pocket payment.

# Activities

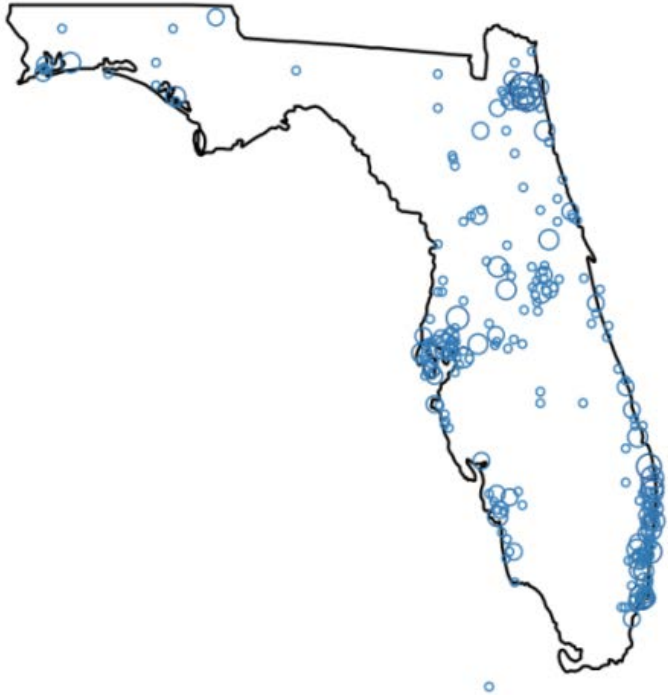
1. Partner with Dr. Patrick's team to **assess availability of care to pregnant women with a substance use disorder in Florida.**
2. Conduct direct **secret shopper calls to assess prenatal care access.**
3. A community-based participatory component engages a **Parent Advisory Committee** of women with lived experience.

**Activity 1: Assess availability of care to pregnant women with a substance use disorder in Florida.**



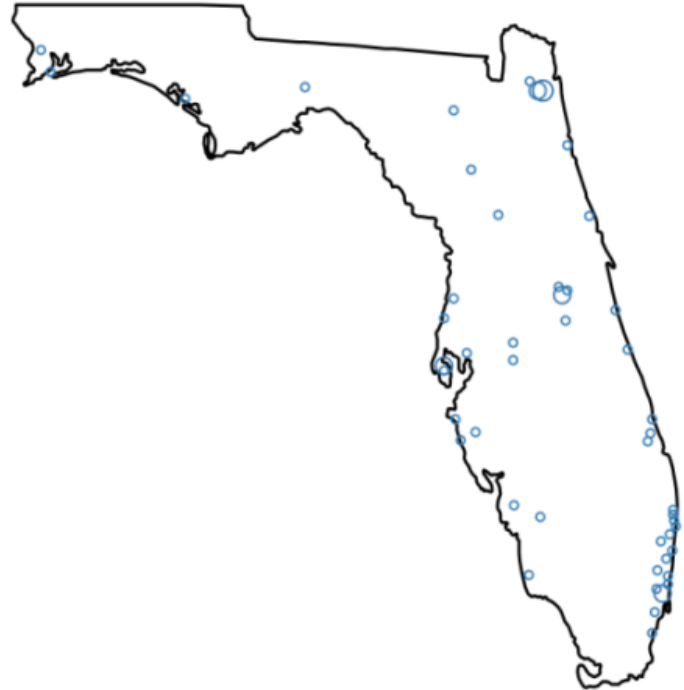


Buprenorphine Providers



Number of Clinics Called ○ 5 ○ 10 ○ 15

Opioid Treatment Programs



Number of Clinics Called ○ 5 ○ 10 ○ 15

## Buprenorphine Provider Caller Sample

Number of calls attempted  
(N=1087)

Unable to reach<sup>1</sup>  
(N=655)

**60%**  
Of total

Not able to get past appointment system restrictions<sup>2</sup>  
(N=59)

Number of calls that reached a provider  
(N=373)

Unable to make an appointment  
(N=100)

Not accepting new patients (N=43)  
Slots full-waitlisted (N=2)  
Not taking pregnant patients (N=32)  
Not taking Medicaid patients (N=17)  
Other (N=6)

Number of successful appointments  
(N=273)

**25%**  
Of total

Pregnant (N=107)  
Non-pregnant (N=166)

## Opioid Treatment Program Caller Sample

Number of calls attempted  
(N=139)

Unable to reach<sup>1</sup>  
(N=33)

**24%**  
Of total

Not able to get past appointment system restrictions<sup>2</sup>  
(N=9)

Number of calls that reached a provider  
(N=97)

Unable to make an appointment  
(N=8)

Not taking pregnant patients (N=4)  
Not taking Medicaid patients (N=3)  
Other (N=1)

Number of successful appointments  
(N=89)

**64%**  
Of total

Pregnant (N=45)  
Non-pregnant (N=44)

<sup>1</sup> Unable to reach (5+ calls with no answer; Medical office, doesn't provide addiction treatment; Disconnected or invalid number; Inpatient Facility; Jail, business, or residence)

<sup>2</sup> Not able to get past appointment system restrictions (need social security number, requires a phone intake with doctor before appointment can be offered, need copy of insurance card, etc.)



# Appointment Acceptance for Callers<sup>1</sup> with Medicaid or Private Insurance by Pregnancy Status

	Buprenorphine-Waivered Prescribers (N=373)				Opioid Treatment Programs (N=97)			
	Total N (%)	Pregnant N (%)	Non-Pregnant N (%)	P- value <sup>3</sup>	Total N (%)	Pregnant N (%)	Non-Pregnant N (%)	P-value <sup>2</sup>
<b>Medicaid</b>	N = 193	N = 88	N = 105		N = 97	N = 51	N = 46	
<b>Accepted</b>	32 (17%)	14 (16%)	18 (17%)	0.82	36 (37%)	19 (37%)	17 (37%)	0.98
<b>Rejected, cash accepted</b>	102 (53%)	41 (47%)	61 (58%)	0.11	53 (55%)	26 (51%)	27 (59%)	0.45
<b>Denied appointment</b>	59 (31%)	33 (38%)	26 (25%)	0.06	8 (8%)	6 (12%)	2 (4%)	0.18
<b>Private Insurance<sup>2</sup></b>	N= 180	N = 85	N = 95		-	-	-	
<b>Accepted</b>	55 (31%)	21 (25%)	34 (36%)	0.11				
<b>Rejected, cash accepted</b>	84 (47%)	31 (37%)	53 (56%)	<b>0.01</b>				
<b>Denied appointment</b>	41 (23%)	33 (39%)	8 (8%)	<b>&lt;.01</b>				

Half of the buprenorphine prescribers and opioid treatment programs rejected the insurance and asked for cash payment.

<sup>1</sup> Restricted to callers who successfully reached a provider.  
<sup>2</sup> Privately insured callers only requested treatment at buprenorphine-waived providers.  
<sup>3</sup> Chi-square p-value, bold indicates significance (p<.05).



## Key Findings

- Callers were frequently unable to reach providers.
  - 56% were unable to reach either type of provider.
  - 38% faced barriers to appointments.
- Low acceptance for treatment overall.
  - 25% (273/1087) were accepted to a buprenorphine provider.
  - 64% (89/149) were accepted for methadone.
- Buprenorphine prescribers were more difficult to access than methadone providers.
  - Only 20% of pregnant and 26% of non-pregnant women were accepted for buprenorphine.



## Key Findings

- Encountered frequent insurance barriers with many providers only accepting cash.
  - Frequently not accepted.
  - Half of callers were granted appointments only if agreed to pay cash.
  - Only 23% of those with Medicaid were accepted (17% buprenorphine, 37% OTP).

**Activity 2: Conduct assessment of access to prenatal care for women with a substance use disorder in Florida.**



# Secret Shopper Calls

- 5 callers
- Pre-call data checks
- Caller profiles: name, Google Voice #, address
  - 14 weeks pregnant
  - First pregnancy
  - No previous prenatal care
  - Currently on methadone
  - No other health conditions
  - Specific Medicaid MCO plan.
  - Diverse race and ethnicity of callers

## Caller Script

### **Introduction**

1. "Hi, is this [Name of Prenatal Care Practice] at <clinic address>?"

### **Request Appointment**

2. I'd like to make a prenatal appointment with <listed provider>.
3. Follow-up information
4. Address any issues with making an appointment:
  - A. If CANNOT get an appt: "What is the problem? Why can't I be seen?"
  - B. If there is a waitlist: "How long until I can be seen?"



Florida Medicaid Registered Prenatal Care Providers (N=2816)

Calls attempted  
(N=1032 randomly selected providers by AHCA region, 1755 attempts)

49% Reached a  
provider (N=509)

**51%**  
**Of total**

51% Unable to  
reach\* (N=523)

39% calls resulted in a regular (135),  
potential (59) or walk-in (3) appointment<sup>‡</sup>  
(N=197)

**20%**  
**Of total**

- Insurance accepted (174, 88%)
- Insurance not accepted (17, 9%)

8% Unable to get past  
appointment system  
restrictions<sup>▣</sup> (N=40)

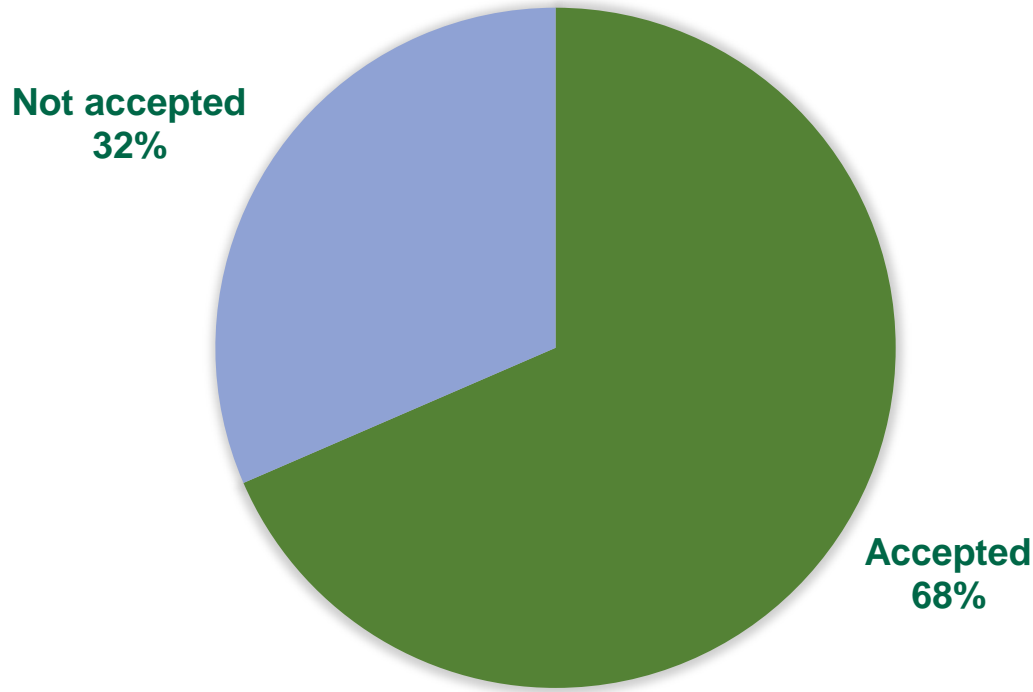
53% of total calls denied  
an appointment  
(N=272)

\* Unable to reach (5+ calls with no answer; not a medical office or prenatal provider; Disconnected or invalid number; physician retired or moved out of region, etc.)

▣ Not able to get past appointment system restrictions (need social security number, requires intake with doctor before appointment can be offered, need copy of insurance card, etc.)

‡ Successful appointments include callers able to obtain an appointment with Medicaid insurance or cash payment

# MAT Acceptance Among Reached Florida Medicaid-Registered Prenatal Care Providers (N=346)\*



\*Unable to assess MAT acceptance in 163 calls (32%) as the calls were terminated prior to MAT question due to other reasons for appointment denial (e.g. insurance not accepted).

# Key Findings

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- Callers were frequently unable to reach providers or obtain appointments.
  - 51% of providers were unreachable.
  - Of those providers reached, only 39% were able to make an appointment.
- Many providers did not take any Medicaid HMO or a different HMO than listed.
  - 17.1% of providers did not take any form of Medicaid as a payment for prenatal care.
  - 29.5% did not take Medicaid or the Medicaid HMO pre-verified by the caller resulting in many denials of prenatal care appointments.
- Many callers were denied appointments because of being on methadone/MAT.
  - 47% of clinics accepted patients on methadone; 21% did not.





# Key Findings Overall

---

- Callers were denied appointments due to their MAT status or because providers were not accepting new patients or patients with Medicaid.
- Some callers encountered bias against patients undergoing MAT.
  - Callers reported feeling like they were being judged once they mentioned they were on methadone.
- Wait times for appointments were highly variable with the average wait being over 2 weeks.
  - Wait time to first available appointment ranged from same day to 55 days.
  - The mean number of days to scheduled appointment was 18 days  $\pm$  13 days.



# Activity 3: Parent Advisory Committee and Stakeholder Engagement



# Cross-Cutting Themes

- Difficulty securing insurance and finding providers.
- Lack of coordination between MAT providers, OB/GYNs, and pediatricians.
- Stigma of methadone treatment at the community level and among clinical staff.
- Having one (or two) “high-risk” OB/GYN doctors in a community who care for women on MAT.
- Shortage of counselors for MAT patients.
- Burden of daily dosing to receive MAT (time-consuming, especially for women with children).



# Advisory Committee Recommendations

- Provide a publicly available comprehensive accurate list of Florida prenatal care providers (including those accepting Medicaid).
- Promote directories with quality ratings for locating MAT providers.
- Reduce stigma associated with methadone treatment.
- Increase training for clinic staff on patient-centered care for patients on MAT.
- Raise community-wide awareness and education on MAT.
- Peer and family integration into advisory calls, presentations of studies, and educational forums.

# Next Steps – Develop & Implement Solutions



**POLICY LEVEL -**  
Florida Drug Abuse Task Force Report, Legislators, American College of Obstetricians & Gynecologists, Am. College of Nurse Midwives, Assoc. of Women's Health, Obstetric, & Neonatal Nurses



**SYSTEM LEVEL -**  
AHCA/Medicaid, Drug Policy Advisory Council, FL SAMH 7 managing entities/6 regions, Office of Court Improvement, FL Assoc. of Healthy Start Coalitions, CONNECT



**ORGANIZATIONAL LEVEL -** OBGYN offices, MAT Providers/Clinics, WIC offices, Perinatal Research Seminar Series, Home Visiting Programs



**COMMUNITY LEVEL -**  
Friends & Family, Peer Groups, Social Networks, Social & Traditional Media



**INDIVIDUAL LEVEL -**  
Women in or seeking recovery



# Thank you!

## Questions?

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# References

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# Department of Health

## Overdose Data to Action (OD2A) Palm Beach County Program Update



Natalie Kenton, MBA  
Project Manager



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Director of Epidemiology/Project Director

Project Manager

Biostatistician

Biostatistician

Epidemiologist

Administrative Assistant II

Administrative Assistant

Budget Analyst

Director Community Outreach

Health Educator Consultant

IT Support

# OD2A Program Overview

- The Centers for Disease Control and Prevention's (CDC) Overdose Data to Action (OD2A) grant program supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and using those data to inform prevention and response efforts.
- CDC launched the multiyear OD2A cooperative agreement in September 2019.
- OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic.
- Funding 66 jurisdictions across the country including state, county, city, and territorial health departments.
- There are 4 Florida jurisdictions with independent funding; the Florida Department of Health (FDOH), FDOH Broward County, FDOH Duval County, and FDOH Palm Beach County.

# OD2A Goals

- Decreased rate of opioid misuse and opioid use disorder.
- Increased provision of evidence-based treatment for opioid use disorder.
- Decreased rate of emergency department visits due to misuse or opioid use disorder.
- Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates.

# OD2A Strategies

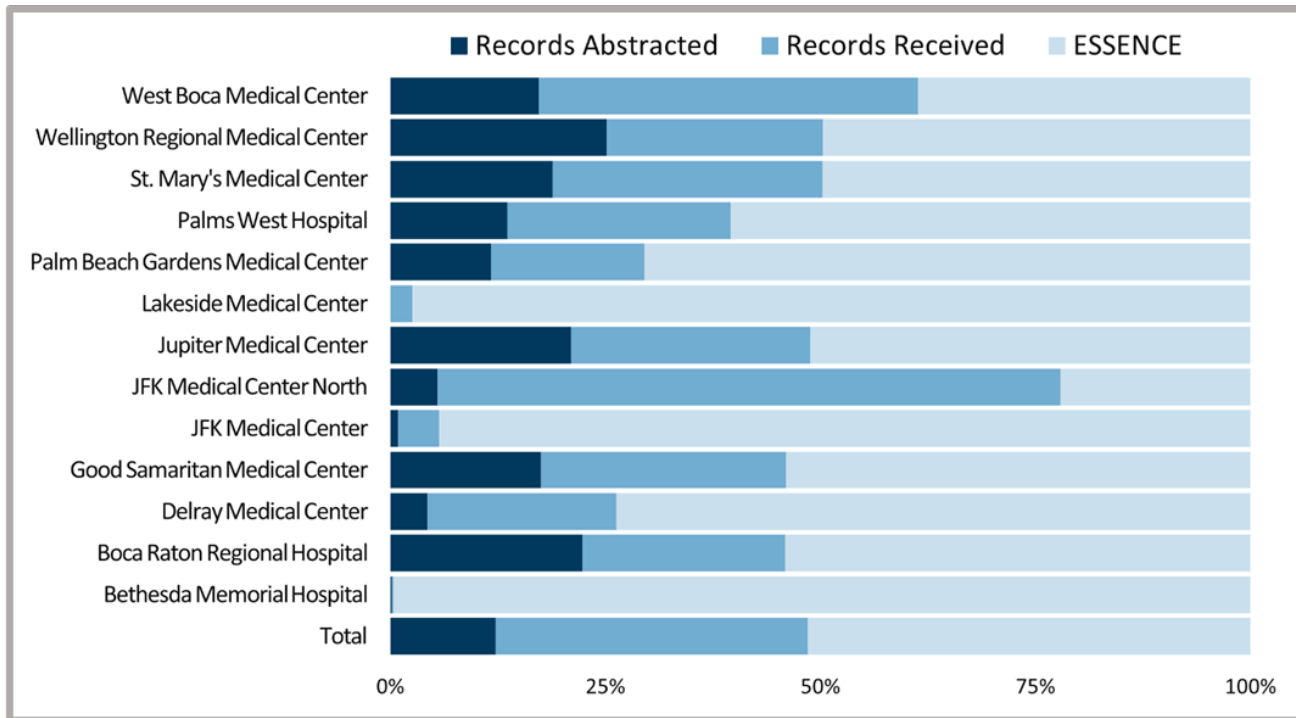


OD2A strategies being implemented fall under either surveillance or prevention.

1. Morbidity Surveillance
2. Mortality Surveillance
3. Implement Innovative Surveillance
4. Prescription Drug Monitoring Program (PDMP)
5. Integration of State and Local Prevention and Response Efforts
6. Establishing Linkages to Care
7. Providers and Health Systems Support
8. Public Safety Partnerships
9. Empowering Individuals - Safer Choices
10. Prevention Innovation Projects  
Peer-to-Peer Learning

# Who We are and What We Do

- Collect non-fatal and fatal overdose data to inform prevention and response efforts.
- Track the drug overdose epidemic in Palm Beach County.
- Meet with and inform stakeholders and community partners to find ways to **use our data to drive action.**



**697** non-fatal overdose medical records were collected in Palm Beach County between January 2021 and June 2021

# What do we look for?

## Overdose Classification

- Opioid, stimulant, benzodiazepine, novel substance detection

## Social Determinants of Health

- Housing stability, work history, access to healthcare (medicated assisted treatment, insurance, history of rehab)

## Driving factors behind overdose

- Mental health and suicide attempts, chronic pain, loss of access to treatment or mental health medications, recreational use, patterns of bingeing, etc.
- History of substance abuse, IV drug use and previous overdoses
- Criminal history

## Physical and Mental Health

- Communicable disease, chronic pain, diabetes
- ADHD, depression, anxiety and prescription medications

# Data and Data Sources

## Primary Data and Sources



Syndromic Surveillance



Emergency Departments



Medical Examiner

## Secondary Data and Sources



Location



Arrest



COVID-19



Housing

**Collect and *integrate* data from:**

Emergency Medical Services  
Emergency Departments  
Medical Examiners  
Criminal Records  
Public Health Diseases and  
Conditions

Societal

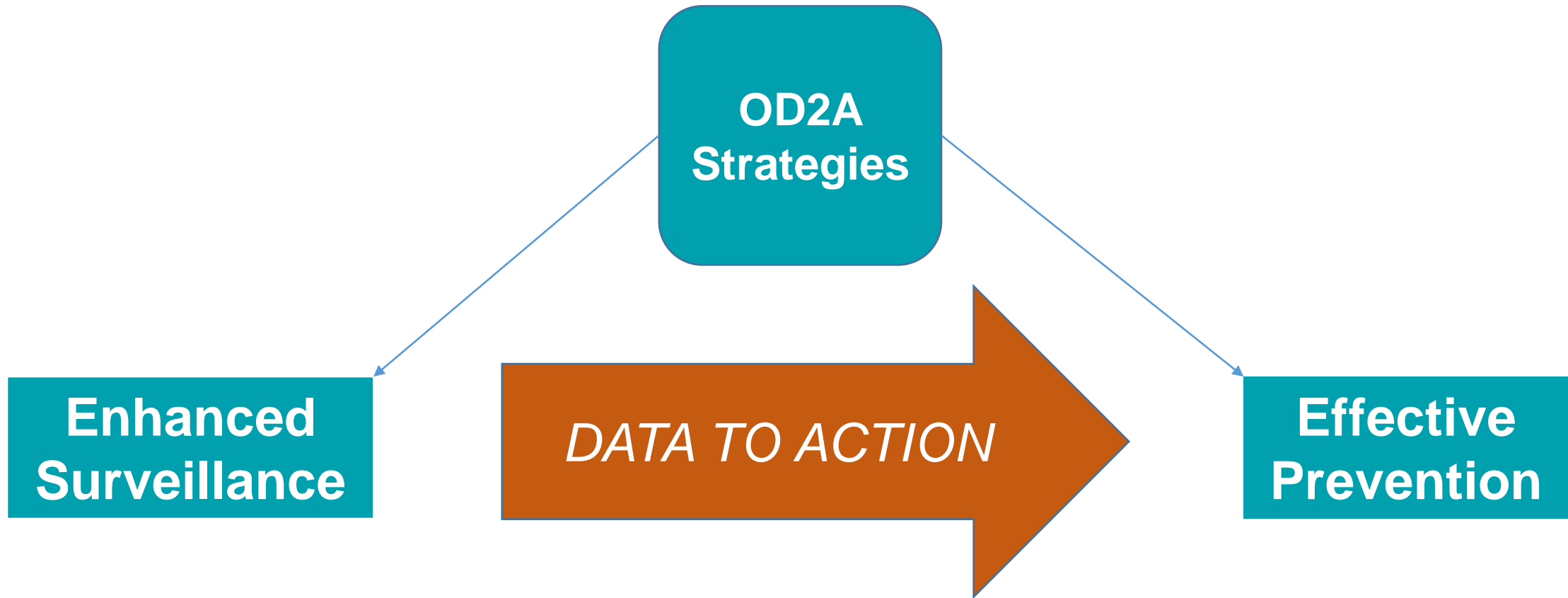
Community

Relationship

Individual

The social-ecological model considers the complex interactions between individual, relationship, community, and societal factors, and how these factors influence health outcomes.

# OD2A Strategies





# Prevention is *Meaningful Collaboration*



# Prevention Activities

**Prevention is** Improving safety and effectiveness of pain treatment.

**Prevention is** Educating youth and families.

**Prevention is** Linkages to care.

**Prevention is** Provider education and support.

**Prevention is** Partnering with public safety.

**Prevention is** Innovation.

# Strategy 4 – Prescription Drug Monitoring Program

This strategy involves increased linkages with other data sources and/or systems.

- Conduct in-person or virtual academic detailing sessions.
- Developed an opioid academic detailing toolkit.
- Created folders with opioid educational resources to deliver to providers offices.
- Educator attended trainings provided by NaRCAD for best practices and resources.



# Strategy 5 – Integration of State and Local Prevention and Response Efforts

This strategy involves providing opioid education to students, parents, professionals, and the community.

- In-person and virtual sessions.
  - Teen clubs: leveraging evidenced-based prevention frameworks and cultivating peer leaders.
  - Harm reduction: piloting the "Safety-First" curriculum in underserved areas.
  - Digital media brochures.
- To date, we have **educated over 33,000 individuals** through these initiatives.



# Strategy 6 – Linkages to Care

- Centralized intake at the Addiction Stabilization Unit.
- Warm handoffs by care coordinators.
- Mobile Integrated Health Team – operated by Palm Beach County Fire Rescue (PBCFR).
- Community health advocates.
- To date we have engaged **over 3,900 individuals** through these efforts.



# Strategy 7 – Provider Education and Support

- Increased use of non-opioid medications, non-pharmacologic treatments, and decrease in high-risk prescribing.
- Live and recorded sessions conducted.
- Educational sessions for prescribers and other medical professionals.
- To date, we have **educated over 1,200 provider** through these efforts.



# Strategy 8 - Public Safety Partnership

- Data sharing agreement with local EMS.
- Participation and data sharing on task force, opioid response steering committee, local nonprofits, and other public safety.
- Lake Okeechobee Rural Health Networks (LORHN) and rural EMS providers have been sharing best practices on community paramedicine programs to rural EMS providers.
- Engaging additional local law enforcement entities and continuing to seek out opportunities for collaboration.

# Strategy 9 - Prevention and Education Messages

- Disseminating CDC's campaign materials.
- Conduct opioid-related linkage and education activities.
- Develop and implement county-wide campaigns on multiple social media platforms.



# Strategy 10 – Innovative Projects

- Addiction Stabilization Unit and specialized ER at JFK North Hospital.
- Palm Beach County Fire Rescue's Mobile Integrated Health teams.
- Palm Beach County Behavioral Health Coalition's Teen Club – peer leadership model.
- Living Skills in the Schools – digital media brochures.
- Palm Health Foundation - coordinating Mental Health First Aid 'train the trainer' for Rebel Recovery.

# Challenges

- Virtual components continue to be a challenge.
- Staff and students reporting fatigue from the virtual environment.
- Shorter provider education sessions due to burnout.
- Providers report the *E-FORCSE* app and website has frequent technical issues.
- Minimal participation and interaction from providers.
  - COVID surge continues to affect staffing.
  - Slow hiring process.

# Questions?

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